

Jeremy Pinson # 16267-064

Gary Long Jr. # 09071-059

Name and Prisoner/Booking Number

U.S. Penitentiary Tucson

Place of Confinement

P.O. Box 24550

Mailing Address

Tucson AZ 85734

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

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|--|--------|
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| AUG 6 2018                                       |        |
| CLERK U.S. DISTRICT COURT<br>DISTRICT OF ARIZONA |        |
| BY   | DEPUTY |

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA**

Gary Long Jr. & Jeremy Pinson  
(Full Name of Plaintiff)

Plaintiff,

v.

(1) United States of America,  
(Full Name of Defendant)

(2) Dr. Misther,

(3) Dr. Hayden,

(4) Federal Bureau of Prisons,

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

**CV 18-0382 TUC RM PSOT**

CASE NO. \_\_\_\_\_

(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT  
BY A PRISONER**

- ☒ Original Complaint  
☐ First Amended Complaint  
☐ Second Amended Complaint

**A. JURISDICTION**

1. This Court has jurisdiction over this action pursuant to:

☐ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☒ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).

☒ Other: FTCA 28 U.S.C. 2671-80

2. Institution/city where violation occurred: U.S.P. Tucson

## B. DEFENDANTS

1. Name of first Defendant: United States of America. The first Defendant is employed as: U.S. Government at USP Tucson.  
(Position and Title) (Institution)
2. Name of second Defendant: Dr. Mistifer. The second Defendant is employed as: Challenge Program Coordinator at USP Tucson.  
(Position and Title) (Institution)
3. Name of third Defendant: Dr. Hayden. The third Defendant is employed as: Chief of Psychology at USP Tucson.  
(Position and Title) (Institution)
4. Name of fourth Defendant: Federal Bureau of Prisons. The fourth Defendant is employed as: Federal Agency at USP Tucson.  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

## C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 100+ <sup>← Prison</sup>. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: Pinson v. Unknown Parties
    2. Court and case number: 13-cv-2089-DCB D.Ariz.
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Pending
  - b. Second prior lawsuit:
    1. Parties: Pinson v. DOJ
    2. Court and case number: 12-cv-1872 D.D.C.
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Pending
  - c. Third prior lawsuit:
    1. Parties: Pinson v. Unknown Party
    2. Court and case number: D. Ariz.
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Pending

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

**D. CAUSE OF ACTION****COUNT I**

1. State the constitutional or other federal civil right that was violated: Violation of Federal Tort Claims Act and Arizona State tort laws

2. Count I. Identify the issue involved. Check only one. State additional issues in separate counts.

- |  |                                   |   |   |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> Basic necessities   | <input type="checkbox"/> Mail     | <input type="checkbox"/> Access to the court  | <input type="checkbox"/> Medical care           |
| <input type="checkbox"/> Disciplinary proceedings  | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input checked="" type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Excessive force by an officer <input checked="" type="checkbox"/> Threat to safety <input type="checkbox"/> Other: _____ |                                   |   |   |

3. Supporting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

The Challenge Program is a mental health treatment program. The plaintiffs are Case Level 3 Mental Health patients. Officer Amaro physically attacked Pinson by choking her and threatened to kill Long. When plaintiffs sued and defendants BOP, Minister and Hayden learned of the lawsuits Pinson and Long were separated and expelled from the Challenge Program. Immediately the plaintiff's mental health began to deteriorate.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Injury to Pinson's throat, mental and emotional anguish

5. Administrative Remedies:

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
- Did you appeal your request for relief on Count I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

## COUNT II

[illegible]



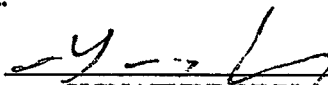

**E. REQUEST FOR RELIEF**

State the relief you are seeking:

1. Long seeks \$100,000 under the FICA
2. Long and Pinson seek injunctive relief in the form of an injunction enjoining further acts of retaliation.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4-25-18  
DATE

  
SIGNATURE OF PLAINTIFF  
Gary Long  
  
Jeremy Pinson

\_\_\_\_\_  
(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

\_\_\_\_\_  
(Signature of attorney, if any)

\_\_\_\_\_  
(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.